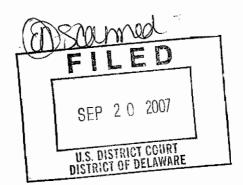
United States District Court For the District of Delaware



Acknowledgement of Service Form For Service By Return Receipt

Civil Action No. Otor 409-xxx

Attached below is a return receipt card reflecting proof of service upon the named party on the date show.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature X
LOREN MEYERS DEPUTY ATTORNEY GENERAL	NAMES OF THE PARTY
DEPARTMENT OF JUSTICE 820 N. FRENCH STREET WILMINGTON, DE 19801	3. Service Type ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7003 16	80 0002 2585 9479
PS Form 3811, August 2001 I I I I I I I I I I I I I I I I I I	WT. Redeath